

Market Position Statement for Mental Health Services 2014



Contents and quick read guide

We want to make this Market Position Statement easy to read. By explaining below what each of the main sections contains, you can go straight to the part you want.

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Welcome to the Market Position Statement for mental health services

What is a Market Position Statement?

A Market Position Statement is a tool with information, mainly for providers of care services, which will help them to:

- Understand the national and local outlook for social care services.
- Understand the current market for social care in Bury.
- Make decisions about if and how to invest and deliver services in Bury.
- React to opportunities that arise as a result of the personal budgets available to people receiving social care support.
- Provide the evidence base to help support providers to make these decisions.

We want to work with our partners, our customers, their carers, and providers to plan, commission and provide services in Bury.

We want to make sure that people have more choice and control over the services they use, have high quality care and good outcomes.

Who is the document for?

This document is aimed at existing and potential providers of adult social care and mental health support services. It represents the start of a dialogue, between the council, people who use services, carers and providers about the vision for the future of local social care markets. We are committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor practice is actively discouraged.

Providers of adult social care mental health services can learn about the council's intentions as a purchaser of services, and its vision for how services might respond to the personalisation of adult social care and support.

Voluntary, faith, community and third sector organisations can learn about future opportunities and what would enable them to build on their knowledge of local needs to develop new activities and services.

People interested in local business development and social enterprise can read about new opportunities in the market and tell us what would help them to come into social care markets and offer innovative services.

Social care providers and organisations not currently active in Bury could find opportunities to use their strengths and skills to benefit local people and develop their business.

Those providers that already deliver services in Bury can use this Market Position Statement to help plan and shape future services.

What is happening nationally?

Adult social care is radically changing. There are a number of important messages to consider about how services are being transformed, increasing customer expectations and new responsibilities for councils.

No Health Without Mental Health

The national mental health strategy, 'No Health Without Mental Health' (2011) sets out six challenging priorities for action to improve the mental health and emotional wellbeing of the population as a whole:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

The focus of mental health services is moving firmly towards preventing ill health and intervening early when it does occur, and improving recovery by providing more support and services in the community rather than in residential care settings. There is also a clear shift towards putting the needs of the individual first – delivering personalised support, choice and control.

To accelerate this change the Department of Health has issued a further challenge to local government and the NHS to go faster to transform the support and care available to people with mental health conditions. 'Closing the Gap: Priorities for essential change in mental health' (2014) outlines 25 aspects of care and support where government expect to see tangible changes in the next couple of years. The fastest improvements are expected in access to mental health services, integrating physical and mental health care, prevention, and improving quality of life for people with mental health conditions.

The Care Bill

The Government's Care Bill continues the transformation of adult social care – making a commitment that everyone should be able to access personalised care and support services to meet their needs by being able to choose from a range of high quality services.

To make this happen, new responsibilities are being placed on local authorities to build and manage the social care market in their local areas. This means Bury Council will have a duty to make sure we have a diverse social care market – with high quality services, delivered by a range of providers, giving customers more choice and control over how their needs are met.

This Market Position Statement is part of this process. We want to engage with providers and stimulate a more diverse and active social care market for mental health services in Bury. We believe that there are opportunities for existing and new providers to deliver innovation across the entire spectrum of services and support outlined in this document – including everything from assessment and accommodation, through to community services and support to manage personal budgets.

We actively invite interested providers, from all sectors, to start a dialogue with us to help us meet these goals and give our customers quality, choice, control and better care that works for them.

Integration of health and social care

In 2013 the Department of Health, together with twelve national partners, published 'Integrated Care and Support – Our Shared Commitment' which set out the shared ambition to make coordinated health and social care services the norm in all parts of the country by 2018.

The vision is to have more effective services which deliver consistently high quality, personalised care that meets the needs of the individual. This will result in greater efficiency - reducing duplication and improving the processes within health and social care services.

In practice, this will impact on the way that the council and local healthcare organisations work together - primarily with each other, but also with care providers, to ensure people have a better experience of care services.

Where are we now



Where are we now

What is the need for mental health services and support in Bury?

1. How many young people have emotional and mental health needs?

The latest large scale national survey suggests that one in ten children have a mental health condition and this varies by age, sex and by a number other factors¹. Using these national prevalence rates, and population data from the 2011 census, we can estimate the number of young people in Bury with mental health problems today².

Table 1: Estimated number of young people in Bury with mental health conditions

	5-10 year olds	11-16 year olds	All 5-16 year olds
Boys	704 (10.2% prevalence)	907 (12.6% prevalence)	1,611 (11.4% prevalence)
Girls	323 (5.1% prevalence)	702 (10.3% prevalence)	1,025 (7.8% prevalence)
All	1,027 (7.7% prevalence)	1,609 (11.5% prevalence)	2,636 (9.6% prevalence)

2. How many adults have emotional and mental health needs?

We have estimates for the number of adults in Bury that currently have mental health conditions and estimates for the number of adults that are likely to experience them in the future. These figures are based on national prevalence rates and have been broken down into the two main types of mental health conditions – ‘common’ and ‘complex’.

What is a common mental health condition?

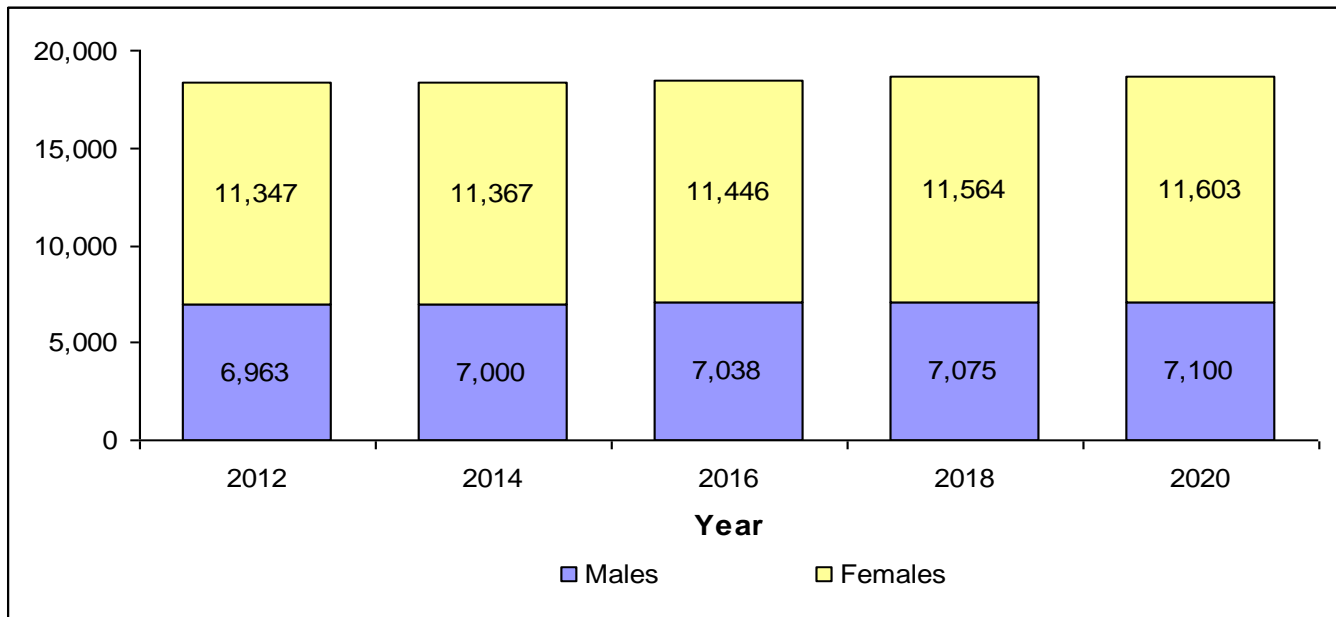
Common mental health conditions are those which tend to occur most often. People with common mental health condition have more severe reactions to emotional experiences than the average person. For example, this may mean developing depression rather than feeling low, or having panic attacks rather than experiencing feelings of mild anxiety. This includes conditions such as depression, anxiety disorders, obsessive compulsive disorders and post traumatic stress disorder. In the past ‘common mental health problems’ were called ‘neurotic conditions’.

What is a complex mental health condition?

Complex mental health conditions are less common. They disrupt a person’s perception of reality, their thoughts and judgement, and affect their ability to think clearly. This includes conditions such as schizophrenia; bi-polar (formerly known as manic depression); paranoia and hallucinations when people see, hear, smell or feel things that nobody else can. In the past ‘complex mental health problems’ were called ‘psychotic conditions’.

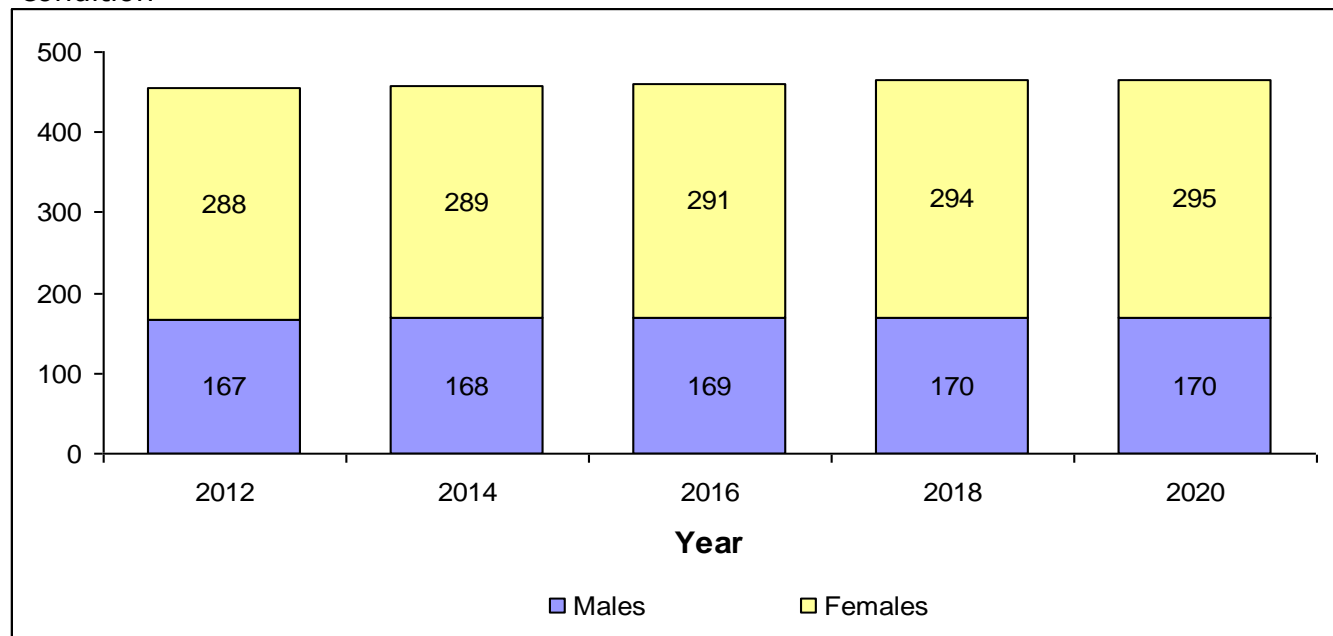
The graphs show the estimated number of mental health conditions amongst the population of Bury, broken down by gender, up to 2020.

Figure 1: Estimated number of adults (aged 18-64) in Bury with a common mental health condition



Source: Projecting Adult Needs and Service Information 2013

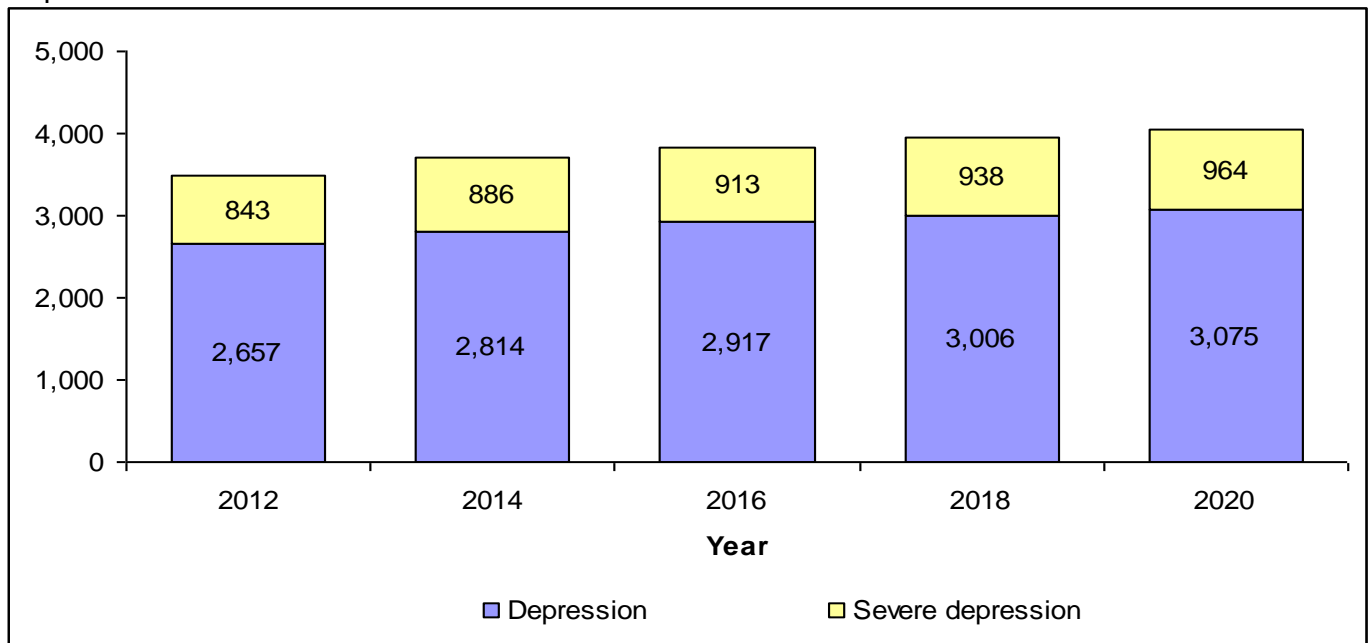
Figure 2: Estimated number of adults (aged 18-64) in Bury with a complex mental health condition



Source: Projecting Adult Needs and Service Information 2013

Estimates of the number of adults aged 65 and over with mental health conditions are recorded in a different way to those for working age adults. They are restricted to estimates of the numbers likely to have depression and severe depression; so they do not reflect the full range of other mental health conditions (such as anxiety, disorders, schizophrenia or dementia). This data is not currently available.

Figure 3: Estimated number of adults (aged 65 and over) in Bury with depression and severe depression



Source: Projecting Older People Population Information 2013

These graphs show that we are expecting increases in the number of adults with all types of mental health conditions, across all age groups in Bury. However there are some notable variations in the projected trends. For those of working age, it is estimated there will be a 2.1% rise in common conditions and a 2.2% rise in complex conditions between 2012 and 2020. The expected increase in mental health conditions for people over 65 years old is much higher. It is estimated there will be a 15.7% rise in the number of older people with depression and a 14.4% in the number of older people with severe depression between 2012 and 2020.

Research suggests that, on the whole, these increases simply reflect the expected growth in the population³. The reason for the much higher increase in mental health conditions amongst the over 65's is the result of an increasingly ageing population who are expected to develop various types of dementia as they live longer.

Bury Council and Pennine Care NHS Foundation Trust (the main provider of mental health assessment and care management and support services in the borough) are both in the process of rolling out new electronic care management systems which will record more detailed information about customers and patients. As a result, future Market Position Statements will include more local statistics on the mental health needs of people being funded by the council, which Providers can use to better target and tailor their services in the future.

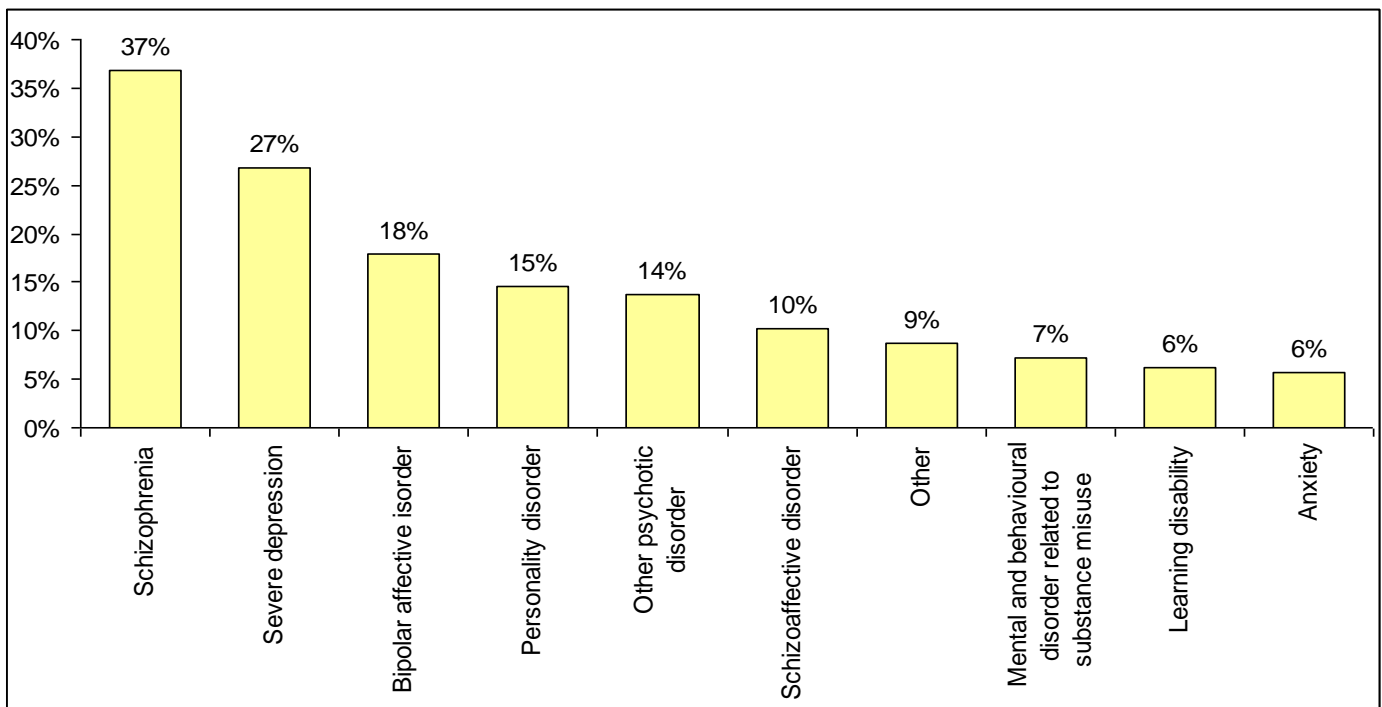
3. Can we take a look at complex needs in more detail?

Many adults with more complex mental health conditions in Bury will receive support from the Community Mental Health Service (CMHT). This service is provided by Pennine Care NHS Foundation Trust. CMHT is jointly funded by Bury Council (for social care needs) and Bury NHS Clinical Commissioning Group (for health care needs). The service provides assessment, treatment and support to help people live independently in the community.

The council carried out an analysis of the working age adults (aged 18-64) being supported by the Community Mental Health Service in July 2013. At this point in time 537 adults were receiving support⁴. This analysis provides a valuable insight into the needs of adults with more complex mental health needs in our local area. However, it is important to note that this analysis was a snapshot – it is not necessarily representative of the number of people that are supported by the service throughout the course of the year.

The graph below provides a breakdown of the conditions the Community Mental Health Service was supporting people to manage in July 2013. Please note, some people will have a combination of different conditions, (particularly those with schizoaffective disorder) and as a result the figures do not sum to 100 percent.

Figure 4: Mental health conditions of the people supported by the Community Mental Health Service⁵.



4. What is the profile of our customers?

The council has information about the profile of the adults that receive social care support, including the age, gender and ethnicity of our customers.

Age is a factor which is particularly likely to influence the type of care an individual needs. People are more likely to need home care services to help them live independently as they get older (such as personal support to wash and dress) in addition to services which support them to maintain and manage their mental health needs. As people get older, they are also more likely to develop certain types of mental health conditions, such as dementia or depression (as a result of isolation or loss of independence).

The tables below illustrate the profiles of the people supported, by age group and gender, for the last three years.

Table 2: Gender breakdown of adults (aged 18-64) with mental health conditions supported by the council for their social care needs

	2010 - 2011	2011 - 2012	2012 - 2013
Females (18-64 years)	468	440	431
Males (18-64 years)	474	445	443
Total	942	885	874

Source: P7 of the Referrals and Assessment Process (RAP) service trends

Table 3: Gender breakdown of older adults (65 and over) with mental health conditions supported by the council for their social care needs

	2010 - 2011	2011 - 2012	2012 - 2013
Female (65 plus)	355	385	394
Male (65 plus)	177	205	214
Total	532	590	608

Source: P7 of the Referrals and Assessment Process (RAP) service trends

The tables above show a clear overall reduction in the number of people of working age receiving support from the CMHT service year-on-year. In contrast, there is a notable increase in the number of adults over 65 years old receiving support from CMHT. The rise in demand by older people is likely to be due to the increasing number of people living longer and the increasing prevalence of dementia in the population (in Bury we are expecting a 20% increase in the number of people with dementia over the next seven years - from 2,073 people in 2013 to 2,495 people by 2020).

The links between culture, ethnicity and mental health are complex. In general, rates of mental illness are thought to be higher in ethnic minority groups in the UK than in the white population, but they are less likely to have mental health conditions detected by a GP⁶. This suggests ethnic minority groups are under represented in lower level mental health services. In turn, this means they are more likely come into contact with services at the point of crisis – for example, Black African and Caribbean people are three times as likely to be admitted to hospital for a mental health condition as white people⁷.

Current research suggests the reasons for ethnicity variations in the use of services include cultural and practical barriers to accessing care, the stigma associated with mental health amongst some communities, and a reliance on family networks for help and rather seeking support and treatment from medical professionals. This research has been corroborated in consultation sessions with local mental health service users from ethnicity minority groups.

In Bury, 14.6% of the population are from ethnic minority backgrounds. This equates to approximately 27, 200 people⁸. The tables below illustrate the profiles of the people supported, by age group and ethnicity, for the last three years.

Table 4: Ethnic breakdown of adults (aged 18-64) with mental health conditions supported by the council for their social care needs

	2010 - 2011	2011 - 2012	2012 - 2013
White (18-64 years)	852	797	787
Mixed (18-64 years)	18	15	11
Asian or Asian British (18-64 years)	33	40	45
Black or Black British (18-64 years)	14	14	13
Chinese or ethnic group (18-64 years)	20	17	14
Not stated (18-64 years)	5	2	4
Total	942	885	874

Source: P4 of the Referrals and Assessment Process (RAP) service trends

Table 5: Ethnic breakdown of adults (65 plus) with mental health conditions supported by the council for their social care needs

	2010 - 2011	2011 - 2012	2012 - 2013
White (65 plus)	504	570	590
Mixed (65 plus)	1	1	0
Asian or Asian British (65 plus)	8	7	8
Black or Black British (65 plus)	1	1	0
Chinese or ethnic group (65 plus)	9	6	7
Not stated (65 plus)	9	5	3
Total	532	590	608

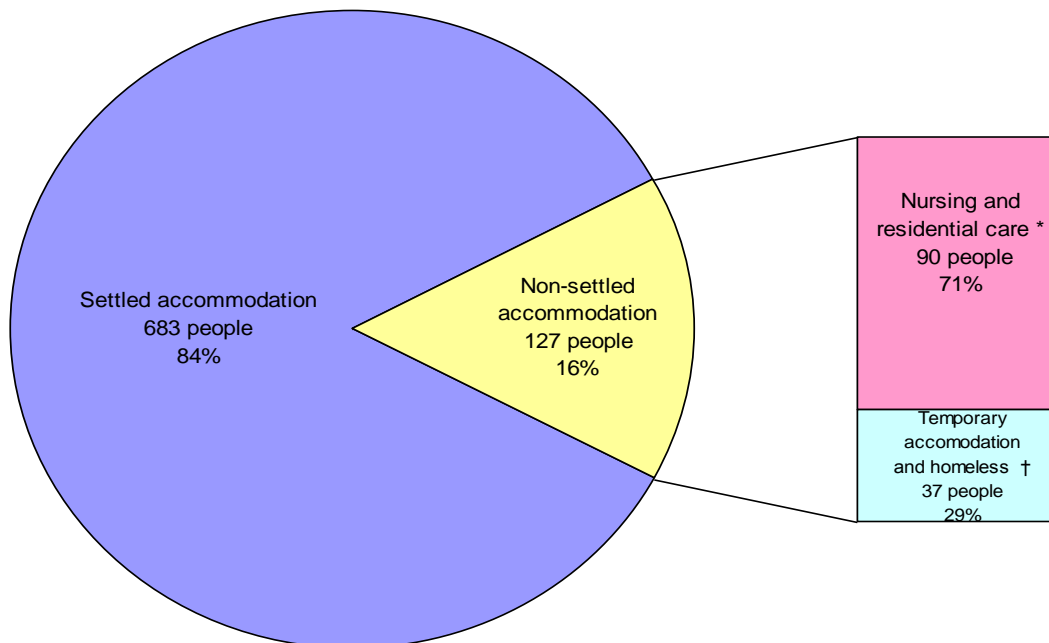
Source: P4 of the Referrals and Assessment Process (RAP) service trends

What mental health services and support are provided now?

The council provides and commissions a range of services to meet the social care needs of people with mental health conditions.

1. Housing and accommodation

Throughout 2012 – 2013, a total of 810 working age adults (aged 18-64 years) with complex conditions were supported by the Community Mental Health Service in Bury⁹. The council has information about the housing status of these individuals¹⁰. The graph below shows how many were living in settled and non-settled accommodation.



It is important to highlight that the majority of the 127 adults considered to be in 'non-settled accommodation' are actually in stable placements or situations. Taking a current approximation as a guide, it is likely that 71% of those in 'non-settled' accommodation are in residential and nursing homes or other long stay health and social care facilities. The remaining 29% are in temporary accommodation, such as a refuge or staying with friends, or homeless¹¹.

What is settled accommodation?

Settled accommodation broadly refers to owner occupiers, tenants, people in supported accommodation, adult placements or sheltered housing¹².

What is non - settled accommodation?

Non-settled accommodation broadly refers to homeless people, people in temporary or insecure accommodation such as a night shelter or refuge, and people staying with friends or relatives on a temporary basis.

However, this also includes people living in registered care and nursing homes; on hospital, rehabilitation or psychiatric units; or other long stay health or residential care and support facilities. They are considered 'non-settled' because they do not have security of tenure¹³.

2. Community, residential and nursing care services

During 2012 - 2013, the council provided social care support to 1,482 adults due to their mental health needs¹⁴. The overall number of people supported has been stable for the last three years. However, it is important to note a small shift in the age of the individuals receiving support – whilst fewer adults of working age are receiving services, more people aged 65 years and above are in receipt of social care.

Table 6: Number of adults supported by Bury Council for mental health needs

	Total number of customers (all ages)	Total number of customers (18 - 64 years)	Total number of customers (65 and over)
2012 - 13	1482	874	608
2011 - 12	1475	885	590
2010 - 11	1474	942	532

Source: P1 of the Referrals and Assessment Process (RAP) service trends

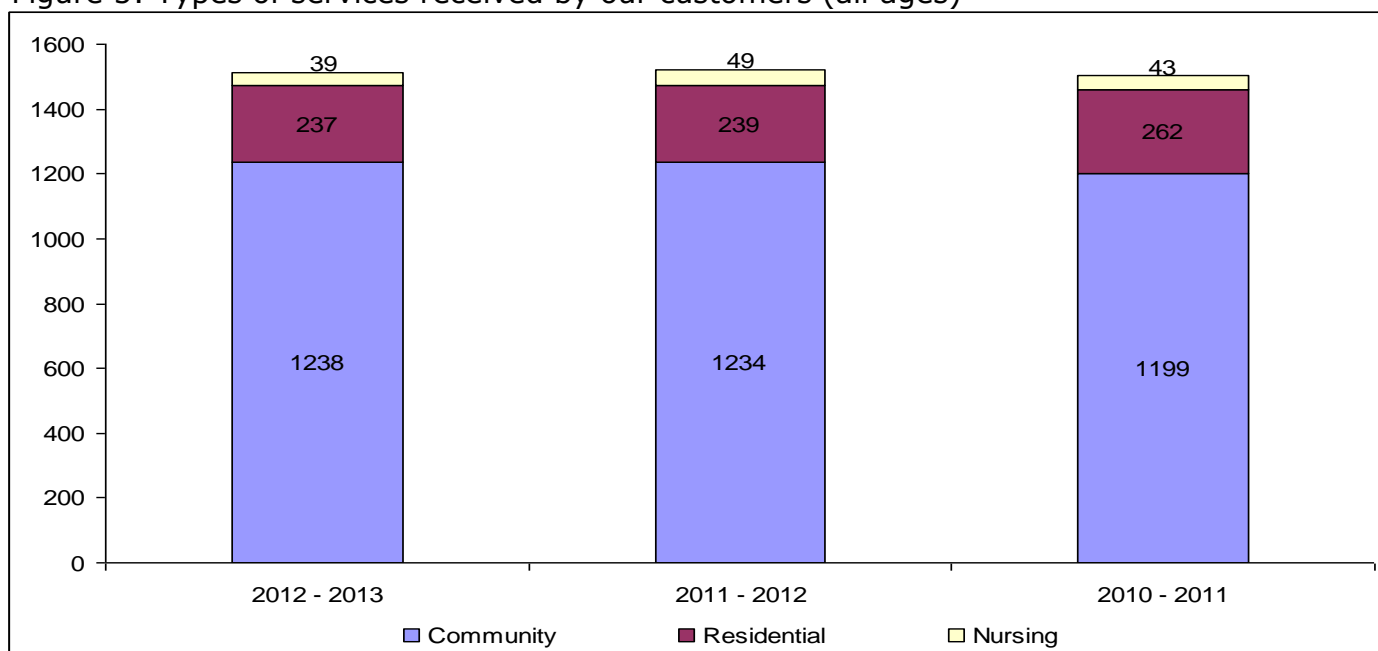
The three main types of support service that adults may receive are:

- Community services
- Residential care
- Nursing care

Some customers may receive a combination of different types of support. This can happen if they move between different types of service in one year, for example, if they move from their own home into a nursing home. Therefore the total number of customers we fund will not be equal to sum of community, residential and nursing care services provided.

The graph below provides a breakdown of the social care services that Bury Council's customers with mental health needs have received over the last three years.

Figure 5: Types of services received by our customers (all ages)

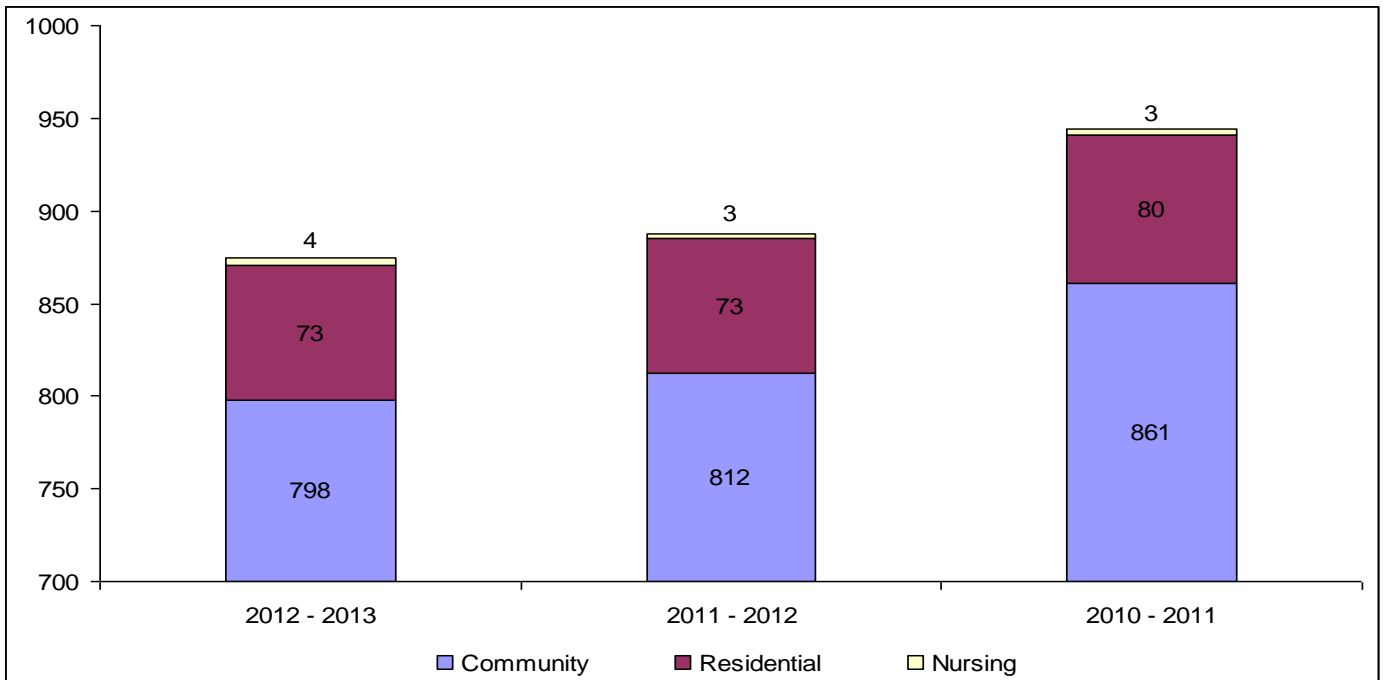


Source: P1 of the Referrals and Assessment Process (RAP) service trends

Most of our customers (82%) receive lower level community services which support them to live independently in their own home (such as support with washing and dressing, or support from a mental health professional to manage and maintain their condition). The need for community services has been increasing each year for the last three years (the next section looks at this trend in more detail). At the same time, there has been a small decrease in the use of residential and nursing care.

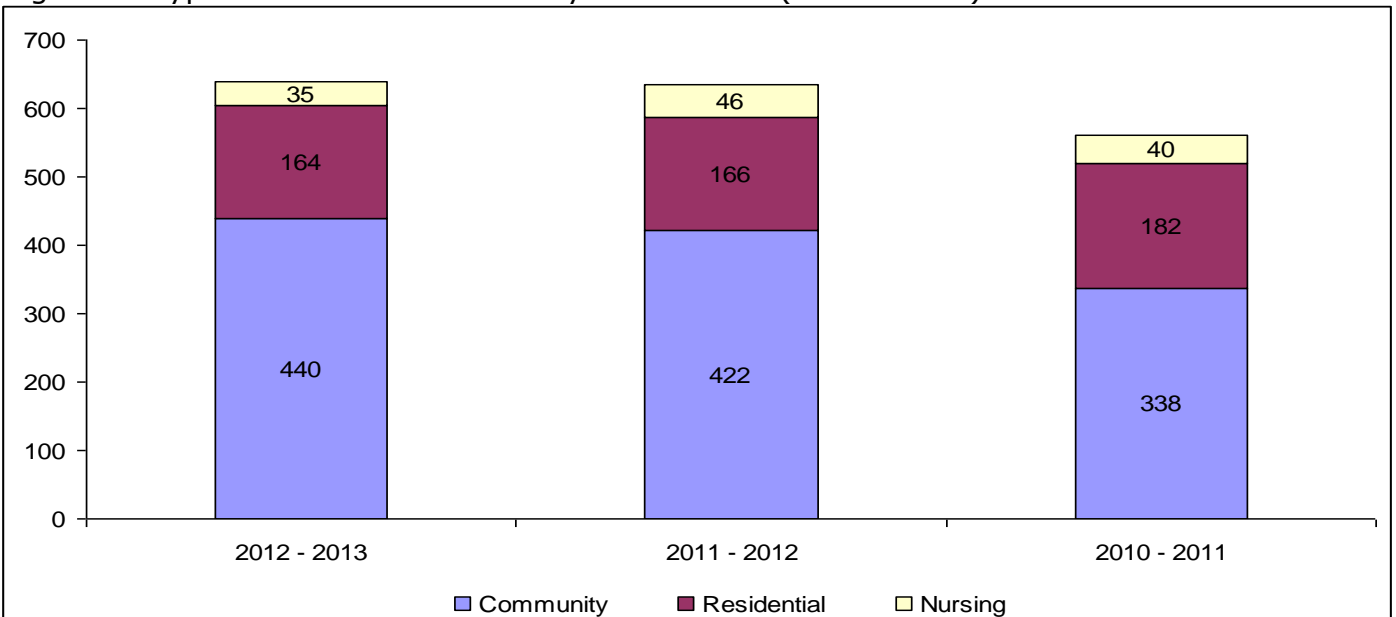
There are clear differences in the types of services customers receive depending on their age, as shown in the graphs below.

Figure 6: Types of services received by working age adults (18-64 years)



Source: P1 of the Referrals and Assessment Process (RAP) service trends

Figure 7: Types of services received by older adults (65 and over)



Source: P1 of the Referrals and Assessment Process (RAP) service trends

In 2012-13, nine out of every ten adults of working age with mental health needs were accessing lower level community services, compared to seven in ten older adults. Older adults are much more likely to need 24 hour residential or nursing care than those of working age, with three in ten over 65's were in care homes, compared to less than one in ten adults aged 18-64.

3. Can we take a look at community services in more detail?

In 2012-13, 82% of the social care support provided to customers was in the form of community services. Given the scale of demand for community services, we have provided a more detailed breakdown of the different types of care this includes.

In Bury, community services include the following types of care:

Home care

Any support to help people live independently in their own home. This includes personal care such as washing and dressing and help with practical tasks such as assistance to cook meals, shop or pay bills. Home care can also be referred to as domiciliary care and supported living.

Day care

Services provided during the daytime, from a centre or in the community, which assist people to manage their mental health and promote recovery. This could include accessing adult education courses, building employment skills or learning coping strategies and techniques to help understand and manage conditions.

Short term residential

Temporary placements in residential care for those with mental health needs. These short term placements give carers a break and enable them to continue in their caring role. Short term residential care is also referred to as respite care.

Direct payments

Direct payments are also known as Personal Budgets, and can be referred to as Self Directed Support. They are payments given (following an assessment of social care need) in lieu of community services. They enable people to take more control of their social care support, by being actively involved in choosing their own personalised package of care.

Professional support

This is support provided by mental health professionals, often called Care Co-ordinators. These professionals are usually social workers and community psychiatric nurses. The support they provide is varied. It includes carrying out assessments, commissioning and managing care plans and packages, monitoring and administering medication, and actively engaging individuals with their support packages.

Equipment

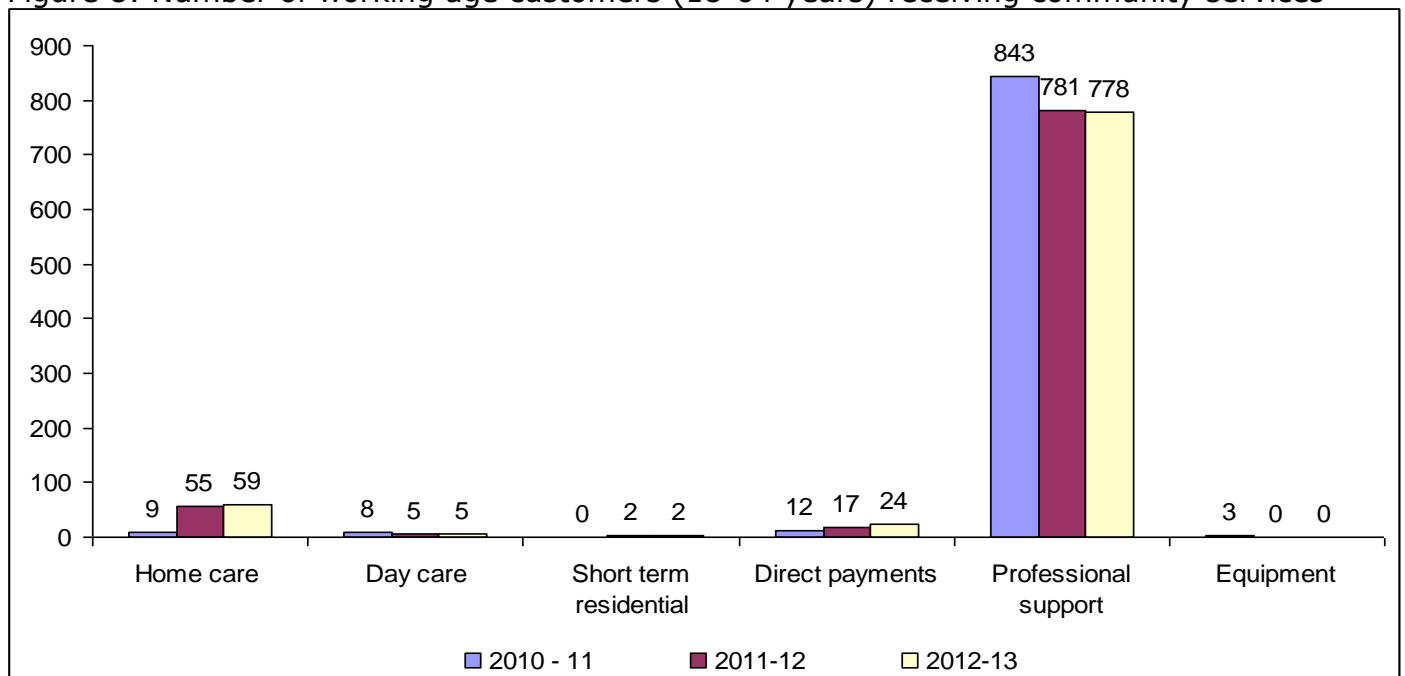
People can be given equipment to help them live more independently at home.

Adults in Bury can receive a combination of one or more of these community services to meet their needs. As a result, the graphs below will show a higher number of customers receiving services than the total number of customers funded by the council.

People that have chosen to have a personal budget / direct payment receive funding in lieu of community services. However, if they wish they can use part of their personal budget to purchase community services as part of their care package, they can do so.

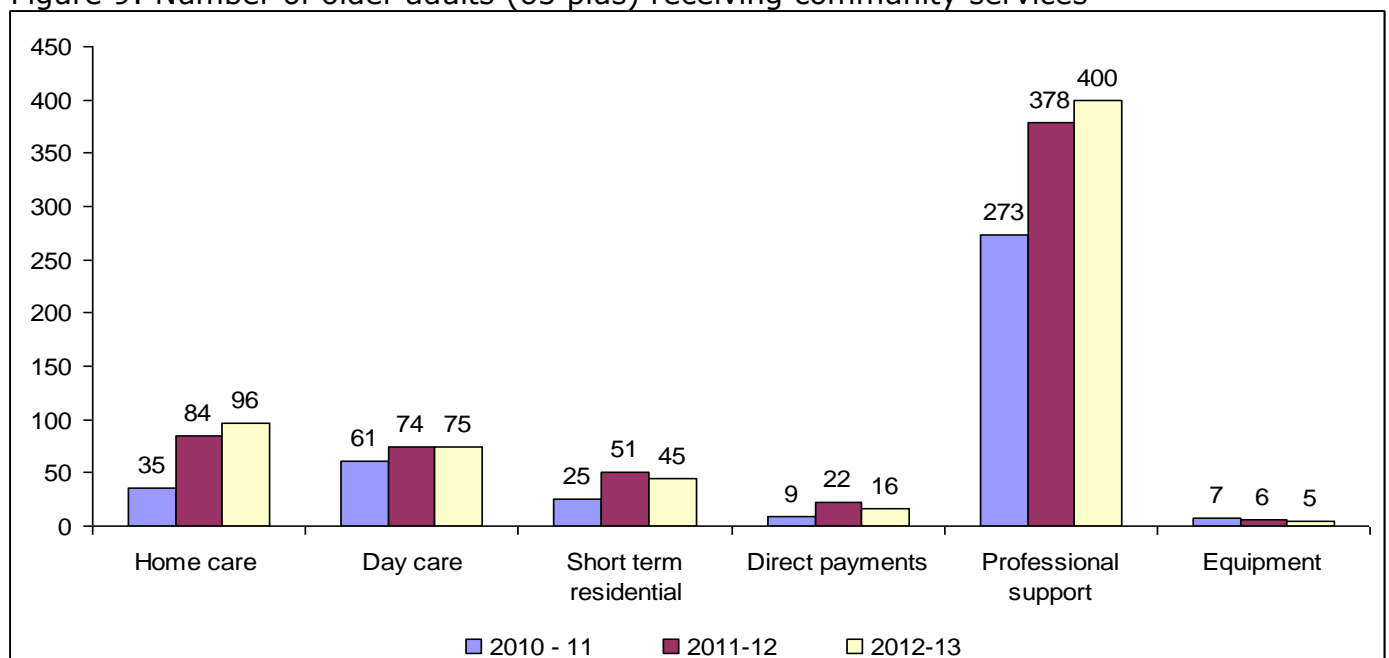
It is clear that the vast majority of both working age and older adults access more professional support than any other type of community service. However, whilst working age adults access professional support, almost exclusively, to meet their social care needs, people over 65 years old are using a much wider range of community services.

Figure 8: Number of working age customers (18-64 years) receiving community services



Source: P2F of the Referrals and Assessment Process (RAP) service trends

Figure 9: Number of older adults (65 plus) receiving community services



Source: P2F of the Referrals and Assessment Process (RAP) service trends

Bury Council has been matched with 15 other local authorities across England that share similar social and economic characteristics to our own borough (our 'statistical' or 'nearest' neighbours¹⁵). We can benchmark ourselves against these local authorities to find out how we compare.

However, there is a lack of consistency in how mental health data is recorded nationally. As a result it is not always possible to compare local authorities accurately - this is particularly the case in relation to data on service trends.

Only 9 of Bury Council's statistical neighbours appear to report mental health service trend data in a similar way to us. However, of those that do, the majority have very similar service trend patterns – with a high proportion of customers accessing professional support and low numbers with personal budgets / direct payments.

4. Out of borough placements

In most cases it is better for people with mental health needs to be placed with providers that deliver services in Bury, so they have the opportunity to maintain established relationships with their friends, family and local community. However, in some cases the council has to commission services from providers based outside of the borough because individuals need more specialist support which is not available in Bury or because the individual or their family have made a request for an out of borough placement.

Currently only eight adults with mental health needs are living in out of borough placements¹⁶. Of these:

- Five individuals are in residential care, and
- Three individuals are in combined residential and nursing care.

Bury Council currently commissions four providers to deliver out of borough residential care and two providers to deliver out of borough combined residential and nursing care, at a cost of approximately £213,800 per annum¹⁷.

The majority of individuals in out of borough placements are with providers that can manage their challenging behaviour (of different sorts). There are opportunities for providers to develop services within Bury to meet the needs of some of our out of borough customers to enable them to stay closer to home. However, for a very small number, the decision to place out of borough was taken in the best interests of the client, or at their request.

5. Number and type of providers

Bury Council currently commissions mental health services from a total of 32 providers (including in-borough and out-of-borough)¹⁸. The table below provides a breakdown of the different types of services we commission from these providers.

Table 7: Breakdown of services commissioned from providers

	Number of providers commissioned
Advocacy	2
Home care:	
Domiciliary care	3
Supported living	5
Supported accommodation	4
Residential care	12
Residential and nursing care	5
Art therapy	1

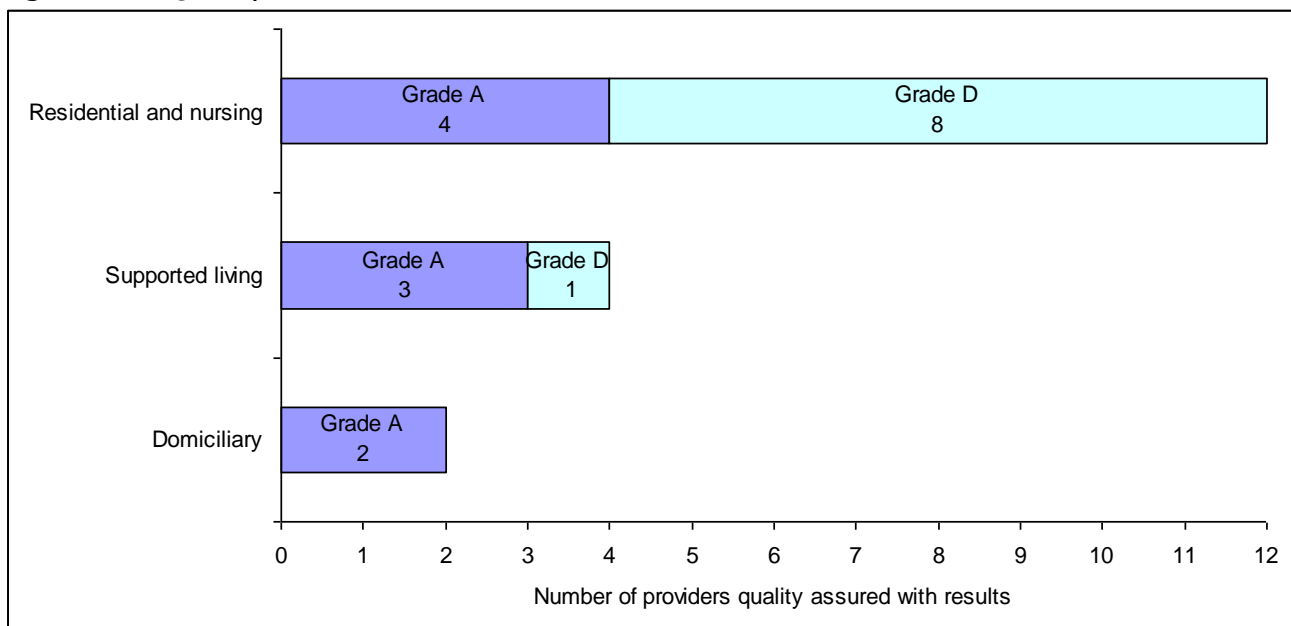
The Bury Mental Health Strategy 2013-18 contains more detailed information about all the mental health services commissioned by both Bury Council and NHS Bury Clinical Commissioning Group. The strategy is available on the Bury Council website at <http://www.bury.gov.uk/index.aspx?articleid=3228>

6. Quality of provider services

Bury Council expects the highest standards of service for all our customers. To support providers to achieve this, we have developed a Quality Assurance Framework (aligned to the standards set by the Care Quality Commission) which assesses the services provided to our clients. All providers are given a rating from A to D (where A is excellent and D is poor).

All providers delivering in-borough mental health services (commissioned by the council from September 2011 to September 2013) have been assessed. The results are shown in the graph below.

Figure 10: Quality Assurance Review Status of Providers – correct at December 2013¹⁹



The council's Quality Assurance Framework is a rolling programme. To begin with, only one of the providers achieved the best rating (Grade A) and all remaining providers were non-compliant. However, in the vast majority of cases this was not due to concerns with the quality of care delivered, it was due to not following the processes and systems required as part of the quality assurance process.

The Quality Assurance Team has an on-going programme of working with all providers to ensure they improve. As a result of this, of the 18 specialist mental health providers assessed, to date, half have now achieved the best rating (Grade A) and the Quality Assurance Team are continuing to work with the remaining providers to make sure they all achieve at least a rating of Grade B.

It should be noted that this was the first time the providers had completed the Bury Council Quality Assurance Framework and as a result of feedback and evaluation, we have improved and streamlined it. Providers can now complete the process online, over a longer period of time, and have on-going support from the Quality Assurance team. We are expecting an improvement in the Quality Assurance results due to these improvements and as providers become more accustomed to the process.

Finances and quality



Finances and quality

Finances and funding

The pressures on public service finances are well known. As a result, it is likely that there will be less funding available for mental health in the future, including in Bury. In this climate it is vital that the council ensures that all the providers we commission provide effective and efficient services, which deliver value for money.

1. Who does Bury Council fund?

Bury Council funds social care for people that meet the Fair Access to Care (FACS) criteria of critical and substantial needs. Those people assessed as having low and moderate mental health needs will fund their own care and support (and those with health needs will be funded by the NHS).

This means there will be a significant number of people with lower level emotional and mental health needs who do not meet the council's criteria and will fund their own care. We expect the number of self funders to grow in the future and for this to become increasingly important market for providers to focus on.

Regardless of whether people are eligible to have their social care needs funded by the council, we will signpost all people to organisations and services that might be able to help them.

2. What is the financial breakdown?

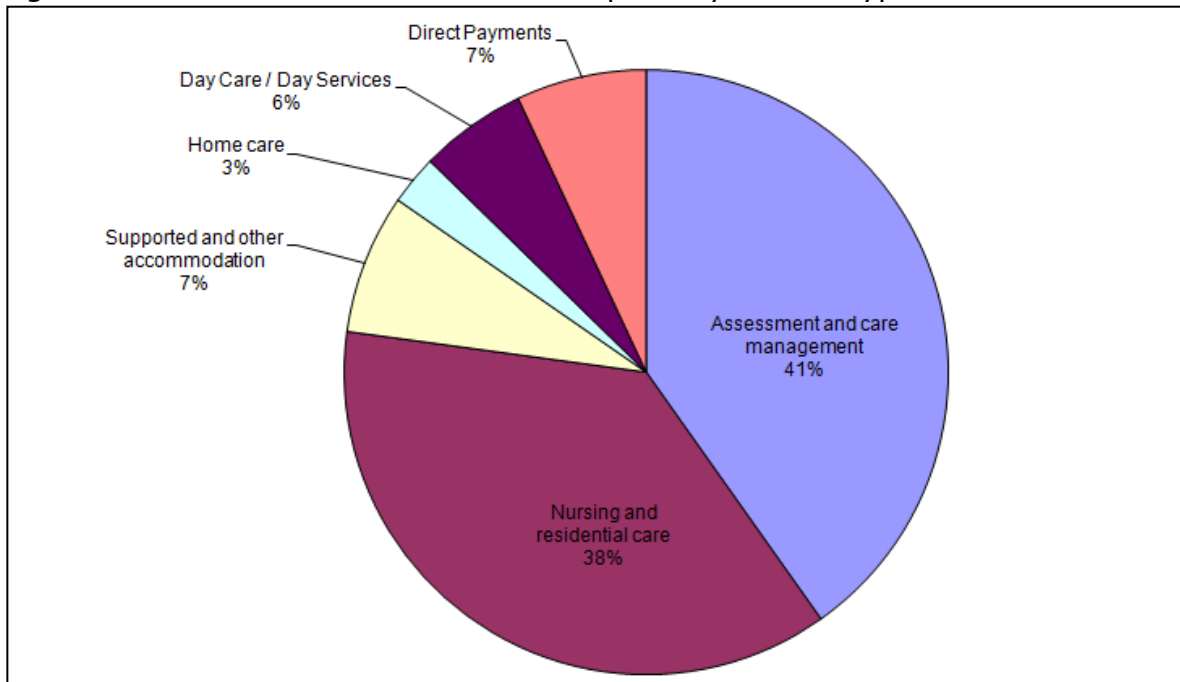
In the 2012-13 financial year Bury Council spent £4.5 million (gross expenditure) on care and support for people with mental health needs. A breakdown of the gross expenditure is provided in table 7 and figure 11.

Table 8: Gross expenditure on services for people with mental health needs

Expenditure Type	Gross Expenditure 2012 - 13 (£0000)
Assessment and care management	1,828
Nursing, residential and respite care	1,683
Supported and other accommodation	340
Home care (including domiciliary care and supported living)	121
Day Care / Day Services	261
Personal budgets (also known as Direct Payments)	318
Total	4,551

Source: PSSEX1

Figure 11: Breakdown of mental health spend by service type



Source: PSSEX1 (note: due to rounding numbers do not sum to 100%)

3. How are Personal Budgets used in Bury?

Personal budgets are sums of money which can be given to people that have been assessed by the council as needing social care support to help them live independently. Instead of receiving traditional services, such as going to a day care centre, people can be given a budget. The budget must be used to meet their social care needs. Bury Council is committed to ensuring that personal budgets are available to everyone that receives ongoing funded social care.

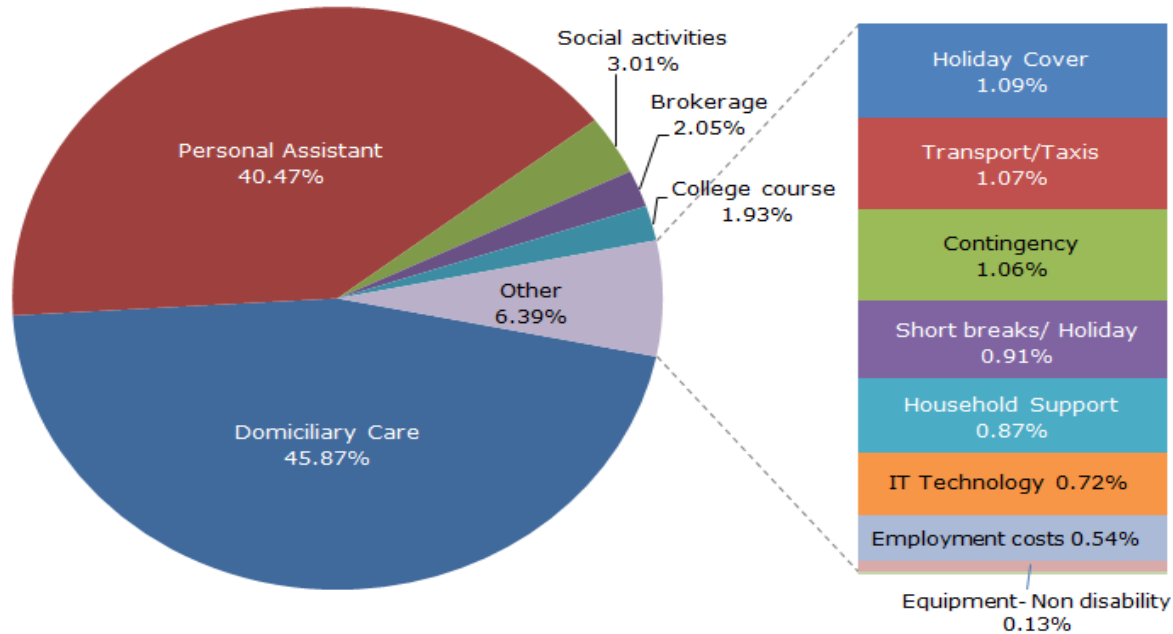
Personal budgets give people more choice and control over their care and support because people take an active role in developing their own care package – they are able to choose the services they want to receive and select the provider they want to deliver them (with the support, and agreement, of a social care professional).

Personal budgets can be particularly helpful for people with mental health needs. When individuals take more responsibility for managing their own care it often helps to improve their recovery by building their confidence in managing and improving their own condition.

In the 2012-13 financial year Bury Council's gross expenditure on personal budgets for customers with mental health needs was £318,000. A total of 38 adults with mental health conditions received personal budgets to help them live independently (this includes working age and older adults). We expect this number to rise in the future and for a greater proportion of the council's mental health budget being spent on personal budgets. As a result, this will become an increasingly important market for providers to respond to, as the dynamic of social care changes, and those that currently receive council funded support act increasingly like consumers.

Figure 12 shows how customers spent their personal budgets during 2012-13. Just over 45% of the total spend was used to fund domiciliary care (purchased by 20 people) and just over 40% of the total spend was used to employ personal assistants (purchased by 23 people). Another category of care which was purchased in larger numbers was brokerage (18 people commissioned this service). However, the amount spent on brokerage as a proportion of the overall budget was relatively low at just 2.05% (a total of £6,528 was spent on this service throughout the year by all 18 customers).

Figure 12: Breakdown of the services purchased by personal budget holders (as a proportion of total spend in 2012 -13)



Type of service purchased	Total expenditure	%
Domiciliary Care	£145,866	45.87%
Personal Assistant	£128,684	40.47%
Social activities	£10,448	3.29%
Brokerage	£6,528	2.05%
College course	£6,149	1.93%
Other:		
Holiday Cover	£3,465	1.09%
Transport/Taxis	£3,388	1.07%
Contingency	£3,385	1.06%
Short breaks/ Holiday	£2,898	0.91%
Household Support	£2,761	0.87%
IT Technology	£2,278	0.72%
Employment costs	£1,732	0.54%
Equipment - Non disability	£400	0.13%
Carelink / Telecare	£15	0.005%
Total	317,997	100.00%

Personal budgets are still relatively new, particularly within mental health, and growing numbers of eligible customers are choosing to have them to manage their care and support needs. In future Market Position Statements, we intend to provide trend data to show how personal budgets are being spent over time. This will help providers to take more informed decisions about how to develop their services to respond to the changing needs and demands of personal budget holders.

4. How does Bury compare to other areas?

We are able to compare Bury Council's spend on personal budgets for customers with mental health needs to our 15 'nearest neighbour' local authorities. However, we can only do this for working age adults (due to the way local authority finances are recorded it is not possible to compare personal budget spend for older people).

For the purposes of making a comparison, in the table below, we have assumed that all customers supported by their local authority for mental health needs could hold a personal budget – however, it should be noted that not every customer may choose to have, or be suitable for, a personal budget.

Table 9: Comparison of personal budget spend for working age customers (2012-13)

Local Authority	Total number of customers supported for mental health needs	Number of customers with mental health needs that have personal budget	% of mental health customer s with a personal budget	Total spend on personal budgets for customers with mental health needs	Average personal budget per customer
Bolton	1380	80	6%	£462,000	£5,775
Bury	874	24	3%	£175,265	£7,302
Calderdale	1100	20	2%	£45,000	£2,250
Darlington	360	15	4%	£125,000	£8,333
Dudley	125	20	16%	£99,000	£4,950
Kirklees	1780	90	5%	£259,000	£2,878
Medway	215	30	14%	£152,000	£5,067
Rochdale	895	10	1%	£89,000	£8,900
Rotherham	1080	280	26%	£710,000	£2,536
St Helens	240	10	4%	£58,000	£5,800
Stockport	1170	320	27%	£588,000	£1,838
Stockton on Tees	470	35	7%	£117,000	£3,343
Tameside	260	25	10%	£130,000	£5,200
Telford and Wrekin	445	20	4%	£53,000	£2,650
Warrington	280	15	5%	£71,000	£4,733
Wigan	395	30	8%	£260,000	£8,667

Sources: information from PSSEX1 and P1 of the Referrals and Assessment Process (RAP) service trends

Most of Bury Council's nearest neighbour local authorities have a small proportion of working age people holding personal budgets to support their mental health needs (with 75% of these Councils having just 10% or fewer customers on a personal budget). As a result, we should interpret any trends in this information with caution.

However, it is clear that Bury Council has one of the highest average personal budget allocations per customer (amongst this group of nearest neighbour local authorities). One of the reasons for Bury's high average is because 5 customers (out of the total of the 24 working age adults with personal budgets) have been allocated sums of over £10,000 each, driving up the average. These customers are spending a high proportion of their funds on domiciliary care.

What does good look like?

To ensure that local resources are used to maximum effect it is essential that the providers we commission share our focus on prevention, personalisation, early intervention and improved recovery. We are committed to these principles as we believe they will enhance the outcomes and wellbeing of our clients and support the current economic challenges public services face.

We expect all the providers we commission to deliver the highest standards of quality and safety for our customers and, as such, we will support providers in a number of ways to meet these standards.

1. Quality Assurance

Bury Council supports providers to deliver excellent services for our customers. We have a Quality Assurance team that supports providers to meet the standards set by the Care Quality Commission and the council's own Quality Assurance framework.

To support providers through the process, we have aligned the council's Quality Assurance framework with the standards that have been set by the Care Quality Commission. This has streamlined the requirements placed on providers and enables them to focus on delivering quality services to customers.

We expect the highest levels of service for our customers and are supporting providers of services to work towards our standards.

2. Safeguarding

Bury Council has a strong commitment to keeping adults safe. This is achieved through positive and collaborative multi-agency working.

A multi-agency Policy, Protocol and Thresholds provide best practice guidance. Providers delivering mental health services within the borough will be expected to commit to and utilise this guidance to shape their own internal policies and processes.

Providers will also be able to access operational safeguarding support, through our Connect and Direct service and strategic support and training through the Safeguarding Strategic Team.

Providers will be encouraged to nominate an adult Safeguarding Ambassador within their services who will act as the conduit between the provider and Bury Council in disseminating best practice and information around the adult safeguarding agenda.

Where we aim to be



Where we aim to be

What are the opportunities for providers in Bury?

Bury Council is committed to stimulating a more diverse and active social care market – with high quality services, delivered by a range of providers, which give customers more choice and control over how their needs are met.

There are opportunities for existing and new providers to deliver innovation across the entire spectrum of mental health services. To help set this in motion, we have identified a range of areas where providers may wish to consider delivering services in Bury based on local customer feedback²⁰, commissioning information, service user data and professional understanding.

Domiciliary care (or home care)

Domiciliary care, also known as home care, refers to any support to help people live independently in their own home. With the potential for more people to choose to stay in their own home this may present additional pressures to the handful of providers of mental health specific domiciliary care services in the borough. It is also important that providers consider innovative models of provision which respond to the fluctuating needs that people with mental health conditions experience. For example, the ability to provide support and rehabilitation services which promote independence, whilst also being able to respond to crisis (where required).

We would welcome more domiciliary care providers operating in Bury that specialise in mental health. This would give customers, especially those with personal budgets or those funding their own care, more choice about which provider delivers services for them. It may also improve their outcomes if their care is delivered by specialists that better understand their needs

Housing

Most people receiving support from the council for their mental health condition live successfully in the community, rather than in a residential or nursing home. However, meeting the housing needs of people with poor mental health can be complex due to the unpredictable and fluctuating nature of the condition.

We know that there is a significant need for housing related support and advice. After mental health services, housing organisations are the agencies that people with complex conditions contact most regularly. We know that 26% of adults with complex mental health conditions (supported by the Bury Community Mental Health Team) have involvement with a housing organisation in relation to their accommodation needs²¹. This equates to about 140 people.

Providers may wish to consider how they could provide housing related information and advice - either independently or in partnership with current housing organisations delivering services in Bury. Bury Council would also welcome discussions with providers who can deliver an innovative, flexible solution to meeting the fluctuating housing needs of people with changeable mental health conditions.

Best practice elsewhere: an innovative model for independent living – “KeyRing”

KeyRing is a charity which supports people to live independently in their own homes by setting up Living Support Networks.

The Networks usually consist of nine service users (or Members) and one Community Living Volunteer. Each Member has their own home within a short walking distance of one another. All the Members in a Network look out for each other and offer neighbourly help. Together with weekly support from the Community Living Volunteer and regular meetings, this combination of natural support and support which is paid-for, creates a powerful local peer support network.

The results - Members maintain their tenancies and rent payments. They build lasting relationships in the community, tackling isolation and increasing their independence and wellbeing.

Further details : www.keyring.org/home

Respite and crisis

Unlike many on-going physical illnesses, mental health conditions often fluctuate. This can be difficult to manage for both the individual concerned and for those caring for them. Respite care (also known as short term residential care) can give carers the help they need to enable them to continue caring. In Bury, 47 adults accessed short-term residential care due to mental health during 2012-13.

Customers have often told us that evenings and weekends, when mainstream services are usually not available, are often the times when they feel lowest and are more likely to experience a crisis. We would welcome a dialogue with providers that can deliver a flexible, accessible and innovative intervention – when and how people need them.

Best practice elsewhere: “Self Help Services – The Sanctuary: helping you through the night”

Self Help Services is a third sector organisation delivering a range of primary mental health care services and initiatives across the for people experiencing common mental health difficulties.

In addition to other services, they provide the Sanctuary - an ‘overnight, every night’ service providing a place of safety and support to adults feeling at crisis point and living with difficulties such as panic attacks, depression and low mood.

Staff and volunteers with personal experience of mental health issues provide a range of support including managing panic attacks, offering a space to talk and assistance with coping after the initial crisis.

Further details : www.selfhelpservices.org.uk

Peer support, be-friending and social networks

Peer support describes any way in which people give and receive mutual help, understanding and advice, share feelings or experiences. Peer support can be provided in many ways, for example, with one-on-one discussions, in support groups, or social activities. It can be delivered by individuals or organisations, by volunteers or paid employees.

There are many benefits of peer support. It can be very effective in helping people to access practical and emotional help and advice, gain self-confidence and prevent isolation.

We know that 26% of adults with complex mental health conditions (supported by the Bury Community Mental Health Team) do not have a network of family or friends²² and would benefit from some sort of peer support or social network. However, through customer feedback, we have found out that even those people with support structures around them still feel isolated because they can find it difficult to talk honestly to their loved ones about their condition.

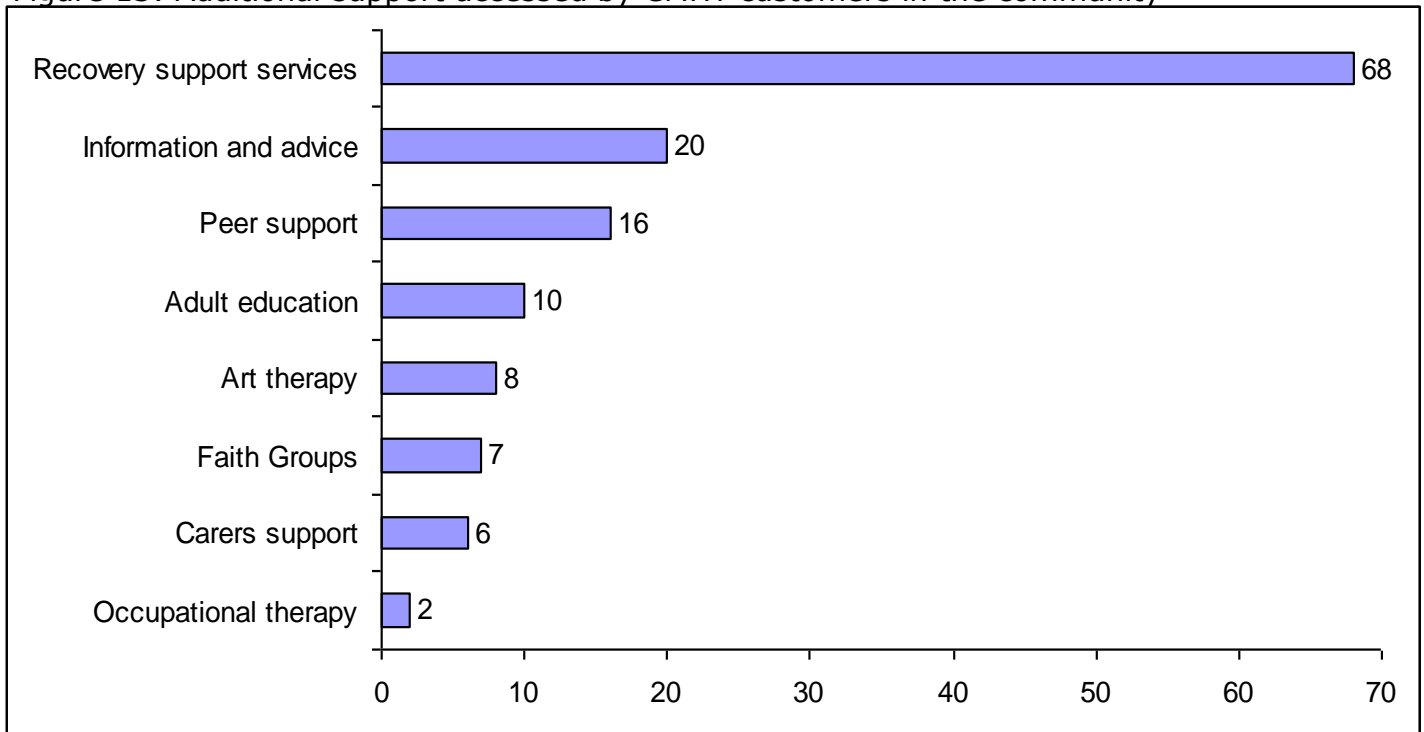
Whilst some peer support groups have been set up in recent years, customers tell us that peer support and be-friending is an area which needs further development. We encourage providers to consider how they could develop or facilitate social networks, be-friending or peer support schemes.

Support services in the community

People with more complex mental health needs in Bury are usually supported by the Community Mental Health Service. 31% of customers (167 people) who receive support from the Community Mental Health Service also access additional support in the community²³.

Figure 14 provides a breakdown of the types of support they receive and shows a clear demand for recovery oriented support services.

Figure 13: Additional support accessed by CMHT customers in the community



Care Co-ordinators also estimate that 56% of the customers currently supported by the Community Mental Health Service (equivalent to 298 people) are likely to have an enduring need. This indicates steady continuing demand for low level community services. We would welcome providers offering more choice for customers in all the above areas, but particularly in recovery support.

Best practice elsewhere: self- help scheme – “Reading Well Books on Prescription”

Reading Well Books on Prescription is a national scheme. The scheme provides self-help reading for adults based on cognitive behavioural therapy for a range of common mental health conditions including anxiety, depression, phobias and some eating disorders.

Books can be recommended by GPs or other health professionals from the Reading Well Books on Prescription core booklist. They are available from the public library where they can be borrowed free of charge. The books have been recommended by experts. They have been tried and tested and found to be useful by others.

The result - research shows that reading improves mental wellbeing and reduces stress levels by 67% (Mindlab International, 2009).

Further details : www.readingagency.org.uk

Support to get into employment, voluntary work or training

Work is generally good for physical and mental health. However, people with a mental health condition are less likely to be in employment – and conversely not having a job can cause a deterioration in mental health and wellbeing. Only 4.2% of adults with complex mental health conditions (in contact with Bury Community Mental Health Services) are in paid employment²⁴. This equates to just 34 people, from a total of 810 receiving support from the service.

Employment support is provided by a small number of agencies. Bury Employment Support and Training (BEST) is a supported employment agency run by the council. They provide a recruitment service for adults, who are eligible for funding that find it difficult to find work or keep a job because of disability or disadvantage. Self-funders can also purchase support from BEST. Choices (a community mental health social inclusion service helping individuals through recovery) also provide a weekly employment clinic to help get people work ready by offering advice on searching for work, completing application forms, CV's, interview skills and referrals to employment providers.

Customers have told us that they need support to find work - especially young people with mental health needs who may be entering the employment market for the first time. They also need to be supported whilst they learn their role and develop their knowledge, skills, and routine until they feel able to cope. Mental health professionals have indicated that there is a shortage of volunteer opportunities which support people who may have a mental health condition - this is particularly important as opportunities such as this can help to re-able people and get them back into the paid work market.

Providers may wish to consider how they can provide support services to help people get back into employment or maintain a job. We would also encourage all employers in the borough to look at whether they could offer volunteering opportunities.

Best practice elsewhere: Employing people with lived experience of mental health as Peer Support Workers – Nottinghamshire Healthcare NHS Trust

People with lived experience of mental health can be employed as specialist Peer Support Workers in mental health services - they use their personal experience to support others. In Nottinghamshire, the Mental Health Intensive Care Unit had **one** 'Band 3' vacancy. The NHS Trust was keen to bring a person with lived experience of mental health difficulties into the team to promote a more recovery-focused ethos in mental health services. The 'Band 3' vacancy was converted and **three** part time Peer Support Workers – all with mental health conditions and experience of spending time in in-patient settings - were recruited.

Three months later, all the Peer Support Workers say they are very happy working at the unit and feel they can make every aspect of their work recovery-focused whether it is serving meals, escorting patients or simply talking to them. They feel able to talk about their own experiences when appropriate and have day to day support from the team leader who encourages them to bring their insights and ideas to all team meetings.

The results - more recovery-oriented mental health services for patients; people with mental health conditions get back in the paid job market; Peer Support Workers have better self-esteem, wider networks and improved recovery; the initiative also provides excellent value for money – the NHS got three Peer Support Workers, where previously they would have got just one.

Further details : www.nhsconfed.org

Physical activity, sports and leisure

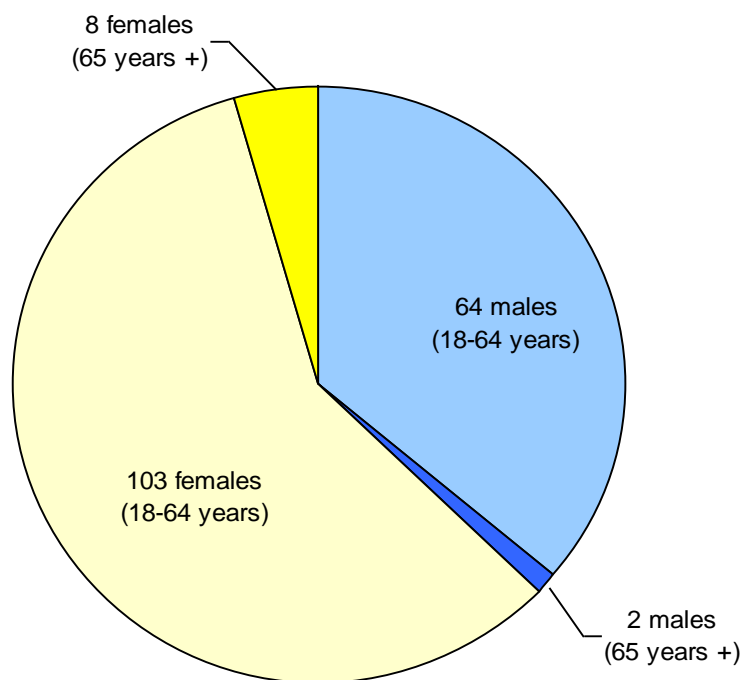
There is a strong link between physical and mental health. People with poor physical health are more likely to have a poorer quality of life, and as a result, they are at higher risk of experiencing common mental health conditions, such as depression. 19% of the population of Bury (34, 800 people) have a long term health problem or disability²⁵. Evidence suggests that 30% of these individuals will also have a mental health condition²⁶.

Similarly, people with mental health problems are up to twice as likely to experience a long term illness or disability. 42% of the adults in Bury with complex mental health problems (who are supported by our Community Mental Health Team) have one or more physical health conditions²⁷. The most common physical health conditions these individuals have are diabetes (12%), arthritis (9%) and asthma (7%). It is common to have multiple physical conditions.

Physical activity has a positive impact on mental health and wellbeing. Bury has a broad range of general sports clubs and gyms open to the public. However, people using mental health services have told us that whilst they benefit from exercise and enjoy it, they find it challenging to access these opportunities for a number of reasons. Depression is physically debilitating and can make people inactive and prevent them from exercising.

People on medication to control a mental health condition may experience weight gain as a side effect. When they exercise, these people can then face further discrimination due to their body size which creates another disincentive to being active.

There are a limited opportunities for people to join exercise programmes or schemes aimed at people with mental health conditions. The main offer is the Bury Exercise and Therapy Scheme (BEATS) – a 12 month programme for people with mild to moderate mental health conditions and chronic long term conditions. People can be referred onto the programme by their GP or health professional. During 2012-13, a total of 177 adults with mental health conditions went through the BEATS scheme to improve their health. Figure 13 shows the breakdown of people that went through the programme.



Significantly more women (62%) are accessing the scheme than men (37%). However, rather than revealing a higher level of demand for exercise schemes by females, this is consistent with the higher prevalence of mental health conditions amongst women compared to men (women experience 62% of all common mental health conditions and 63% of all complex mental health conditions)²⁸.

A small, football based programme, Nifty Fifty Football, is also available. This scheme is run by Bury Football Club Community Trust and is aimed at men over 50 years old. People take part in training sessions with professional football coaches and can also play in matches.

We feel there are opportunities in this area for providers - either for more dedicated exercise schemes aimed at people with mental health conditions, or more likely, providing forms of support to help people break down the barriers which can prevent them from accessing mainstream sports and physical activity.

Personal budget holders

Personal budgets are a key area for market development. All local authorities, including Bury Council, are encouraging eligible customers to consider taking up a personal budget so they can have more control and choice over their own care and enjoy the better outcomes that personal budget holders tend to experience.

Given this, we expect the number of customers with mental health needs on personal budgets to increase.

This is likely to provide a range of opportunities for providers. They will be able to develop and deliver new services, as they support customers to use their personal budgets in innovative ways to ensure they get the best outcomes and value for money. Providers should also be changing the way they work – we expect providers to market their services directly to personal budget holders as customers.

Examples of how some providers have responded to the new opportunities are listed below:

New services for a new market place

Provider organisations can offer a 'menu' of personal budget support services to help people manage their funds. In return for a fee, people can choose to purchase the level of support they feel they need, or are willing to pay for.

This could include:

- Help with processes such as payroll, making payments, and help with employing personal assistants.
- Providing information and brokerage services to enable a personal budget holder to design the most appropriate and effective package that makes the maximum use of the available funding.
- Facilitating peer support sessions for personal budget holders, so they can learn from the experiences of other people and share ideas about how to use personal budgets.

Research has shown that most personal budget holders and carers view paying for personal budget support services in the same way as paying for a service in any other area of their life and have no problems with it. Some personal budget holders feel that choosing to spend part of their budget on support services has increased their purchasing power and ability to make choices²⁹.

Examples:

From "*Keeping Personal Budgets Personal: learning from the experiences of older people, people with mental health problems and their carers*" (SCIE, 2014, page 58)

"One user-led organisation which provided support to PB [personal budget] holders from all client groups offered them a choice between paying a monthly fee of £7 for their services or giving something else in return (e.g. acting as an occasional PA [personal assistant] for another PB holder). This approach had the added advantage of increasing the PB holder's confidence and skills, which could in turn lead to longer-term positive outcomes for the PB holder and the community at large".

Find me Good Care (<http://www.findmegoodcare.co.uk/>)

Find me Good Care is a website developed and managed by the Social Care Institute for Excellence (SCIE) which provides advice and information about choosing care with a comparable database of services to help people plan their own care.

Paying for Care (<http://www.payingforcare.org/>)

Paying for Care is a not for profit company. They provide free information and advice on their website to help people choose and plan their care and estimate the cost.

Direct marketing to the customer

Organisations should be marketing their personal budget support services directly to personal budget holders and self-funders, rather than the council.

Personal budgets are changing the market place for social care services, with personal budget holders in control of their own care package and their own funding – they are choosing the providers they want to deliver their care.

Providers should respond to this by focusing on marketing their services directly to the customer – personal budget holders - who will purchase support from them, in a more 'user-directed' approach.

Example:

Choice (<http://derbychoice.org.uk/about-us/>)

Derby Choice is an independent network of micro support providers (small, personal and flexible organisations in the area). They have joined together as a 'network' to raise their collective and individual profiles, share information and collaborate with their peers, in a way that they could not have done as individual organisations.

Innovative use of personal budgets

Providers should encourage personal budget holders to think beyond traditional service models when deciding how to use their funds. Research has shown that personal budget holders welcome the active involvement of staff or support provider organisations in encouraging people to develop innovative ideas about how to meet their needs³⁰.

Example:

From "Keeping Personal Budgets Personal: learning from the experiences of older people, people with mental health problems and their carers" (SCIE, 2014, page 45)

"One personal budget holder who used mental health services had been quite unwell when she first took up her PB [personal budget] and had used it to pay for a course of equine therapy. Her mother explained: 'The [equine therapy] was a very expensive course for about six months. She never would have been able to do it without the PB which paid for it all. You could see the change in her. At the time, with her health, that was about all she could cope with.' Then, as her mental health improved, this PB holder employed a personal assistant who helped her get out and socialise and supported her in moving to live independently in her own flat again".

Individual service funds (ISFs)

Having the responsibility of managing a personal budget will not suit everyone. Some customers might welcome having more choice and control over their care, but do not want to take on direct management of their personal budget.

Individual Service Funds (ISFs) offer a different way for people to have more control over their care, with an enhanced level of support. With an ISF, the provider organisation both manages the personal budget and provides support from their own organisation (or by sub-contracting other organisations to provide additional support on behalf of the individual).

It is the decision of the individual (or someone acting on their behalf) to choose who the ISF provider will be.

Example: Borough of Barking and Dagenham

A small number of local authorities offer ISFs and have already contracted providers to deliver them. The London Borough of Barking and Dagenham has contracted four home care providers to deliver ISFs but believes the ISF model would work for providing other types of support.

Self-funders

This Market Position Statement includes information about the needs of people with mental health conditions that receive social care support or funding from the council– it does not cover the mental health needs of entire population of Bury.

We intend to improve future Market Position Statements by providing some information about the needs of people that have low and moderate needs and fund their own care and support because we expect the number of self funders to grow in the future and for this to become increasingly important market for providers to focus on.

Facilitating the market

The council spends £4.5 million to support the social care needs of people with mental health conditions – due to pressure on public finances this is likely to decrease in the future. In order to deliver the innovation and some of the service improvements outlined in this Market Position Statement, providers should consider how they can redesign and reconfigure their services within existing resources.

What funding support is available?

Occasionally investment and support may be needed to stimulate innovation and service change. We have identified a selection of external funding opportunities available to providers to enable organisations to innovate and trial new support models. Whilst the council does not control these funds, we would welcome discussions about potential ideas and, where possible, support providers making bids.

Forces in Mind: Awarding funds from The National Lottery

The Forces in Mind Trust promotes the successful transition of Armed Forces personnel, and their families, into civilian life.

Forces in Mind award grants to support projects that increase the understanding of transition, including related mental health and well-being issues. The focus is on projects which look at the most vulnerable people.

The information from the projects is used to advocate change and improve the likelihood of successful transition back to civilian life.

Forces in Mind Trust recently awarded a grant to The Poppy Factory and the Centre for Mental Health to research employability for veterans with mental health problems.

Further details: www.fim-trust.org/how-to-apply-top-menu

The Graham Burroughs Charitable Trust

The Graham Burroughs Charitable Trust provides grants for local mental health support, housing and relevant mental health research projects that will help both sufferers and their carers.

The Trust is funding a wellbeing project being delivered by an organisation which provides specialist mental health services in Bury.

Further details: www.gbmentalhealth.org/help.htm

The Henry Smith Charity

The Henry Smith Charity award grants totalling approximately £25 million each year to up to 1,000 organisations and charities throughout the UK. They fund initiatives and projects that address social inequality and economic disadvantage – including advice and support services for people experiencing mental health problems, and projects that promote positive mental health.

There are no deadlines for applications, but trustees meet four times a year (March, June, September, & December) to consider grant applications.

In 2012, Manchester based '42nd Street' was awarded over £130K towards three years' salary for a specialist mental health practitioner to support young people with learning disabilities and mental health issues.

More recently 'First Steps Derbyshire' was awarded £75K towards three years' salary for Project Co-ordinator to provide online support and befriending to those suffering with eating disorders in Derbyshire.

The Henry Smith Charity will only award grants to organisations with charitable aims (not companies limited by shares and commercial companies).

Further details: www.henrysmithcharity.org.uk

The Armed Forces Covenant (LIBOR) fund

The Armed Forces Covenant (LIBOR) Fund delivers financial support to projects which support the aims of the Armed Forces Covenant:

- That members of the armed forces community should not face disadvantage in comparison to other citizens; and
- That special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

There have now been 2 tranches of Libor funding and 72 successful projects have received a total of £22.7 million to support their work. Of this, almost £2.5 million has been awarded to programmes supporting treatment and awareness of mental health issues for veterans, including the 'Veterans Aid' project, who received an award of £160,000 to expand their substance abuse and mental health treatment programmes for homeless and in-need veterans.

Applications are invited for sums from £50, 000 to £5,000,000 and need to have a demonstrable benefit to the Armed Forces Community.

Further details: www.gov.uk/the-armed-forces-covenant-libor-fund

Commissioning Better Outcomes and the Social Outcomes Fund

The Big Lottery Fund and the Cabinet Office are working together to support the development of more innovative approaches to improving social outcomes. They are focusing on approaches that use Payment by Results mechanisms, particularly those which involve social investment such as Social Impact Bonds.

To achieve this they have set up two funds - the Cabinet Office's Social Outcomes Fund and the Big Lottery Fund's Commissioning Better Outcomes - with a joint mission to support the development of more Social Impact Bonds.

Each fund has a specific focus:

- For the Big Lottery Fund, this is to enable more people, particularly those most in need, to lead fulfilling lives, in enriching places and as part of successful communities.
- For the Cabinet Office, this is to catalyse and test innovative approaches to tackling complex issues using outcomes based commissioning.

Both funds are primarily aimed at commissioners; but applications from other organisations (such as providers) will be considered as long as there is a commissioner involved.

We welcome discussions with any organisation that would like to work with the council on a joint application. The deadline for applications is 31 July 2016.

Further details: www.biglotteryfund.org.uk/global-content/programmes/england/commissioning-better-outcomes-and-social-outcomes-fund

What support can the council provide?

Bury Council is considering how we can offer support to voluntary, faith, community and third sector organisations and private business to enable the development of sustainable enterprises. This support could take many forms, such as:

- Working with individuals to develop micro-enterprises from an initial concept.
- Supporting an existing organisation develop and adapt their business model to offer the range of services our customers want.
- Working in collaboration with organisations to support them to access grants or identify alternative funding opportunities.

Small organisations could also choose to work in partnership with each other to offer services which they could not deliver alone and share economies of scale.

The council has developed an online Care Directory for suppliers to advertise the services they offer, and importantly, for customers to have access to information on the types of services that are available in the market. Inspection reports from the Care Quality Commission are available on this website.

We actively encourage providers to submit their details onto our Care Directory; however, it is clearly up to the customer to decide whether or not they would choose to use such services. Details of the directory can be found by visiting our website using the following link:

<http://www.bury.gov.uk/index.aspx?articleid=1621>

Endnotes

Bury Council is committed to the highest standards of quality of information. The statistics contained in this document were correct at the time of publication. They have been taken from a range of sources and have been used in good faith based on the best information available to the Council. Although the Council makes every effort to ensure statistics are correct, we accept no responsibility for the accuracy of data provided by external agencies.

¹ Office for National Statistics (ONS) Child and Adolescent Mental Health Survey 2004, which measured the prevalence of:

- Emotional problems involving anxiety, depression and obsessions.
- Conduct problems involving awkward and troublesome behaviour and aggressive and antisocial behaviours.
- Hyperactivity disorders involving inattention, impulsiveness and aggression.

Children and young people tend to develop different mental health conditions from adults. This survey measured prevalence of the three common groups of mental health conditions in this cohort.

² At the time of publication, local data on the number of children and young people in Bury with mental health conditions was not available.

³ "Paying the Price: the cost of mental health care in England to 2026", the Kings Fund (2008)

⁴ The snapshot analysis of adults (aged 18-64) supported by the Community Mental Health Team covered the period 15-28 July 2013. The figure includes both social care and health care funded support packages because the data cannot be disaggregated.

⁵ "Other" consists of: obsessive compulsive disorder, agoraphobia, panic attacks, delusional disorder, eating disorder, post traumatic stress disorder, anger issues, aspergers, emotionally unstable, unknown, ADHD, alcohol dependency, alzheimer's, battern's disease, body dysmorphia, gender identity disorder, mood fluctuations, opiate dependent, recurrent depressive disorder.

⁶ "The Fundamental Facts: The Latest Facts and Figures on Mental Health", page 28, Mental Health Foundation

⁷ "The Fundamental Facts: The Latest Facts and Figures on Mental Health", page 28, Mental Health Foundation

⁸ 2011 census, Office for National Statistics. Figures are all age. BME includes all people other than white British (i.e. white other, white Irish, Black, Asian, Mixed, Chinese and all other ethnic groups).

⁹ During the financial year 1 April 2012- 31 March 2013.

¹⁰ Information supplied by Pennine Care NHS Foundation Trust.

¹¹ The proportion of people in settled / non-settled accommodation tends to be static. Therefore an approximation for 2012-13 can be calculated by using latest data available (71.1% at quarter 2, 2013-4).

* This includes people living in registered care and nursing homes; on hospital, rehabilitation or psychiatric units; or other long stay health or residential care and support facilities.

† This includes homeless people, people in temporary or insecure accommodation such as a night shelter or refuge, and people staying with friends or relatives on a temporary basis.

¹² Full definition: owner occupier, tenant, supported accommodation, adult placement, approved premises for offenders released from prison, sheltered housing, mobile accommodation for Gypsy, Roma and Traveller community

¹³ Full definition: rough sleepers, night shelters, hostels, temporary accommodation, short term guest of family / friends, long stay health facility, registered care home, registered nursing home, prison, other temporary accommodation.

¹⁴ People supported during the financial year 1 April 2012 - 31 March 2013. This does not reflect the total number of people with mental health conditions in the borough. Those with lower level needs will not be eligible to receive support and are likely to pay for their own care. Those with healthcare only needs are likely to be funded by the NHS.

¹⁵ CIPFA Nearest Neighbour Model <http://www.cipfastats.net/resources/nearestneighbours/>

¹⁶ This is a snapshot, correct at 1 December 2013.

¹⁷ This is an approximation. It assumes those people in out of borough placements at 1 December 2013 will remain in them for the 12 month period. It should also be noted this represents only social care costs which are met by the Council – some of these individuals may also have health care needs which will be funded by NHS Bury Clinical Commissioning Group.

¹⁸ Correct at 1 December 2013.

¹⁹ The domiciliary care providers deliver services to a range of customers with different care needs, including those with mental health conditions. It is not possible to disaggregate the Quality Assurance Assessment by client group. Therefore, these results reflect the quality of domiciliary care services delivered for all customers, regardless of care need.

²⁰ A series of consultation sessions were held with local service user groups to inform the Bury Mental Health Strategy 2013-18 including, the Bury Involvement Group (BIG), Choices, Creative Living Centre, the Federation of Jewish Services, Streetwise, Bury Asian Women's Group, Bury South Asian Men's Group.

²¹ Figure from snapshot analysis of adults (aged 18-64) supported by the Community Mental Health Team. Data correct at 15-28 July 2013.

²² Figure from snapshot analysis of adults (aged 18-64) supported by the Community Mental Health Team. Data correct at 15-28 July 2013.

²³ Figure from snapshot analysis of adults (aged 18-64) supported by the Community Mental Health Team. Data correct at 15-28 July 2013.

²⁴ Figure correct at 31 March 2013.

²⁵ Census data 2011: Population of Bury with a long-term health problem or disability, who self-report their day-to-day activities are limited 'a lot' or 'a little'.

²⁶ Long term conditions and the cost of mental health: The cost of co-morbidities (The Kings Fund and Centre for Mental Health, February 2012)

²⁷ Figure from snapshot analysis of adults (aged 18-64) supported by the Community Mental Health Team. Data correct at 15-28 July 2013.

²⁸ Estimated number of mental health conditions amongst the population of Bury sourced from POPPI and PANSI. Estimates correct at December 2013.

²⁹ Keeping Personal Budgets Personal: learning from the experiences of older people, people with mental health problems and their carers (Social Care Institute for Excellence, first published February 2011 and reviewed 2014)

³⁰ Keeping Personal Budgets Personal: learning from the experiences of older people, people with mental health problems and their carers (Social Care Institute for Excellence, first published February 2011 and reviewed 2014)

Contact us

Who can I contact for more information?

We want to talk to all current and potential service providers to help you identify opportunities and provide innovative services.

For general information about the Market Position Statement, please contact:

Nicola Hine (Strategic Planning and Policy Officer)



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E-mail: N.Hine@bury.gov.uk

For all queries relating to procurement, provider services, or to register your interest in becoming an approved provider, please contact:

Neil Clough (Senior Contracts and Procurement Officer)



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